



Shadow a Mentor Consent Form

Mentor Full Name

Mentor Email

Mentor Phone

Organization/Company

Job Title/Role

Mentee Full Name

Mentee Age

Purpose of Shadowing

Shadowing Schedule (dates/times)

Safety Requirements / Certifications Needed (if any)

Mentor Consent: I agree to allow the above mentee to shadow me during the specified schedule.

Parent/Guardian Consent for Mentee (if under 18)

First Look Outreach Society Approval